

## FORM 403 COMPLETION

<u>ITEM</u>	<u>DESCRIPTION</u>	<u>COMMENTS</u>
A	FISCAL YEAR	Self-explanatory.
B	PROGRAM LOG NUMBER	Attachment II is a listing of Bureau prefixes to be used in tracking the Form 403's prior approval. Assignment of the Program Log Number is the responsibility of each area. If your area does not have a prefix, please print the name of your bureau or division. Organization units smaller than the division level should use the name of the division to which they report.
C1	COST CENTER	Enter the CAPS Cost Center from which the budgeted funds are to be transferred.
C2	PROVIDER NUMBER	Complete using the State Provider Number, if available.
C3	DESCRIPTION	Enter the CAPS Cost Center description.
C4	MINOR OBJECT CODE	Enter the CAPS Minor Object Code from which the budgeted funds are to be transferred.
C5	UNIQUE NUMBER	<p>Complete this item if you are transferring funds from a budgeted position. Attach a copy of the Personnel Action Form (PAF).</p> <p>a) The original PAF must be sent to the Personnel Bureau after the Form 403 has been processed by the Budget Services Division.</p>
C6	AMOUNT	<p>Enter specific amounts. Note the following restrictions:</p> <p>a) Salary amounts will be prorated for the remaining months of the fiscal year. Amounts cannot be retroactively transferred. Please note, funding of ordinance positions requires funding of employee benefits.</p> <p>b) Services and Supplies or Equipment dollars cannot exceed budget remaining for the remainder of the fiscal year.</p>
D1	COST CENTER	Enter the CAPS cost center receiving the transferred funds.
D2	PROVIDER NUMBER	Complete using the State Provider Number, if available.
D3	DESCRIPTION	Enter the CAPS Cost Center description.

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D4	MINOR OBJECT CODE	Enter the CAPS Minor Object Code receiving the transferred funds.
D5	AMOUNT	Enter specific amounts. Note the following restrictions: <ul style="list-style-type: none"><li>a) Salary amounts will be prorated for the remaining months of the fiscal year.</li><li>b) Services and Supplies or Equipment dollars cannot exceed budget remaining for the remainder of the fiscal year.</li></ul>
E	FUNDING	Identify the funding source (Attachment III).
F	BUDGET CHANGE	Identify whether the requested budget transfer is permanent or one-time (current fiscal year only).
G	JUSTIFICATION	Justification should explain why funds are being transferred to the receiving area.
H	CONTACT PERSON	Type or legibly print the name and phone number of a contact person.
I,J,K	APPROVAL SIGNATURES	Mandatory. Signatures should be legible. If you are signing for someone else, print your own name as well. <ul style="list-style-type: none"><li>a) ALL Form 403's involving contracts must be countersigned by the Chief, Contracts and Grants Division.</li></ul>